

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15777

FILED MAY 24 1955

BIRTH NO. _____		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2001		Registrar's No. 202	
1. PLACE OF DEATH a. COUNTY JASPER				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN			
d. FULL NAME OF HOSPITAL OR INSTITUTION 120 N. FLORIDA AVE.				d. STREET ADDRESS (If rural, give location) 120 N. FLORIDA AVE.			
3. NAME OF DECEASED (Type or Print)		a. (First) SYLBA (SID)		b. (Middle) LINDSEY		c. (Last) TRUELOVE	
4. DATE OF DEATH		(Month) MAY		(Day) 17		(Year) 1955	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JUNE 30, 1923		9. AGE (In years last birthday) 31	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COMMON LABORER		10b. KIND OF BUSINESS OR INDUSTRY GENERAL		11. BIRTHPLACE (State or foreign country) YELLVILLE, ARK. /		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JAMES TRUELOVE		13b. MOTHER'S MAIDEN NAME OLLIE RAMEY		14. NAME OF HUSBAND OR WIFE BETTY SHADE TRUELOVE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS BETTY TRUELOVE, 120 N. FLORIDA			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) * This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage fatal ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Epilepsy grand mal with DUE TO (c) Mental deterioration II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 3:53 PM, 1955, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) M.D. J. B. Parker				23b. ADDRESS 138 S. 1st St. Jojo, Mo.		23c. DATE SIGNED 5-18-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 5-20-55		24c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL PARK		24d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI	
DATE REC'D BY LOCAL REG. 5-20-55		REGISTRAR'S SIGNATURE J. B. Parker		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

County File Number 55-5-344
Date Filed MAY 23 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No. _____

Signed _____
Student Embalmer

Signed

F. M. Jones

Licensed Embalmer No. 2319

P. O. Address *Johns River*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.